

TOWN OF BROOKFIELD-TOWN BENEFIT
ELDERLY AND TOTALLY DISABLED HOMEOWNERS

_____ GRAND LIST

ACCT # _____

NAME: _____ DATE OF BIRTH: ____/____/____ SOCIAL SECURITY # _____-____-_____

SPOUSES NAME: _____ DATE OF BIRTH: ____/____/____ SOCIAL SECURITY # _____-____-_____

MAILING ADDRESS: _____ PROPERTY ADDRESS: _____

FILING STATUS: ____ MARRIED ____ UNMARRIED ____ SURVIVING SPOUSE (AGE 60 TO 65)

TOTALLY DISABLED: ____ IF APPLICANT IS TOTALLY DISABLED, CURRENT PROOF IS REQUIRED

DID YOU OR WILL YOU FILE A FEDERAL TAX RETURN ____ YES (attach copy) ____ NO

INCOME RECEIVED DURING LAST CALENDAR YEAR:

A. TAXABLE INCOME (ADJ GROSS) _____

B. NON-TAXABLE INTEREST _____

C. SOCIAL SECURITY/R.R. RETIREMENT _____

D. ANY INCOME NOT INCLUDED ABOVE _____

EXPLAIN: _____

E. TOTAL OF LINES A.-D. _____

APPLICANT'S/AUTHORIZED AGENT'S AFFIDAVIT

The applicant or authorized agent depose that the statement in this application are true and complete and claims tax relief under provisions of the CT General Statutes and Town ordinance.

The property for which tax relief is claimed, is the permanent residence/domicile of the above applicant. (Must reside at least 183 days per year in each abated year and five years prior to application. Also, he/she is not receiving benefits, State or Town, in any other City/Town in Connecticut. Penalty for false statements shall result in repayment of all credits, in addition to interest, court costs and attorney fees, if any, and any penalties provided for by the Connecticut General Statutes.

SIGNATURE: _____ DATE: _____ PHONE # _____ AGENT'S RELATIONSHIP _____

ASSESSMENT: _____ AMOUNT OF TAX CREDIT: _____

APPLICATION RECEIVED: _____ % OF PROPERTY OWNED BY THIS
APPLICANT (IN FEE OR LIFE USE) _____

APPROVED: ____ YES ____ NO / REASON FOR DENIAL: _____

SIGNATURE OF ASSESSOR/ASST ASSESSOR _____ DATE SIGNED: _____